

DRAFT**MS4 Annual Report Cover Page****MCC form for period ending March 9,**

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Provide SPDES ID of each permitted MS4 included in this report.

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MCC form for period ending March 9,

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Section 1 - MCC Identification Page

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

If Joint Report, enter coalition name:

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MCC form for period ending March 9,

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Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

MI

Last Name

[illegible]

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Title

[illegible]

Address

[illegible]

City

State

Zip

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N	Y
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Zip

1	1	9	6	8	-				
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eMail

athrone-holst@southamptontownny.gov

Phone

County

$$\begin{pmatrix} 6 & 3 & 1 \end{pmatrix} \begin{pmatrix} 2 & 8 & 3 \end{pmatrix} - \begin{pmatrix} 6 & 0 & 5 & 5 \end{pmatrix}$$
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MCC form for period ending March 9,

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- ☒ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

MI

Last Name

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Title

[illegible]

Address

[illegible]

City

State

Zip

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eMail

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Phone

County

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DRAFT**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2 0 1 3

Name of MS4 Town of Southampton

SPDES ID

N Y R 2 0 A 4 5 4

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

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☐ Duly Authorized Representative
☐ Local Stormwater Public Contact
☒ Stormwater Management Program (SWMP) Coordinator
☐ Report Preparer

First Name

C h r i s t i n e

MI

Last Name

F e t t e n , P . E .

Title

T o w n E n g i n e e r

Address

1 1 6 H a m p t o n R o a d

City

S o u t h a m p t o n

State

N Y

Zip

1 1 9 6 8 -

eMail

c f e t t e n @ s o u t h a m p t o n t o w n n y . g o v

Phone

(6 3 1) 7 0 2 - 1 7 5 0

County

S u f f o l k

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2	0	1	3
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Name of MS4 Town of Southampton

SPDES ID

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- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☒ Report Preparer

First Name

[illegible]

MI

7

Last Name

[illegible]

Title

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Address

[illegible]

City

[illegible]

State

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Zip

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eMail

[illegible]

Phone

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Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

☐ Yes ☒ No

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

Partner/CoalitionName

[illegible]

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

[illegible]

Address

[illegible]

City

State Zip

[illegible]

eMail

[illegible]

Phone

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Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.? ☐ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- ☐ MM1

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☐ MM6

- *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

MCC form for period ending March 9,

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"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

First Name

[illegible]

MI

Last Name

T	h	r	o	n	e	-	H	o	l	s	t			
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Title (Clearly print title of individual signing report)

[illegible]

Signature

Date _____

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Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9,

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Name of MS4/Coalition	Town of Southampton
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How many MS4s are contributed to this report?

- ☐ Yes ☒ No

Please provide specific address of page where report(s) can be accessed - not home page.

[illegible][illegible][illegible][illegible]

This report is being submitted for the reporting period ending March 9, 2013

Name of MS4/Coalition

SPDES ID

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The information in this section is being reported (check one):

- How many MS4s contributed to this report?

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Check all topics that were included in Education and Outreach during this reporting period:

- Other:

O	i	l	R	e	c	y	c	l	i	n	g	;	S	e	p	t	i	c	T	a	n	k	;	B	o	a	t	M	a	i	n	t
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Other

☒ Public Employees ☒ Contractors
☒ Residential ☒ Developers
☒ Businesses ☒ General Public
☐ Restaurants ☐ Industries
☒ Other: ☐ Agricultural

[illegible]

Other

DRAFT

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Southampton

SPDES ID

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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

☒ Direct Mailings

Mailings

6 5 3 4

☒ Kiosks or Other Displays

Locations

1 0

☒ List-Serves

In List

5 7 6

☐ Mailing List

In List

☒ Newspaper Ads or Articles

Days Run

1 3 2

☒ Public Events/Presentations

Attendees

1 4 0 0 +

☒ School Program

Attendees

1 3 0 +

☒ TV Spot/Program

Days Run

1 2 6

☒ Printed Materials:

Total # Distributed

Locations (e.g. libraries, town offices, kiosks)

T o w n H a l l

H i g h w a y & E n g D e p t s

P a r k s

S u p e r m a r k e t s

☒ Other:

R a d i o ; B Y O B a g s ; S o c i a l

☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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Name of MS4/Coalition

Town of Southampton

SPDES ID

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3. Web Page con't.: Provide specific web addresses - not home page.

URL

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URL

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URL

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DRAFT

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Name of MS4/Coalition

Town of Southampton

SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.

The Town Public Education and Outreach program will be tailored to describe topics related to the impacts of storm water discharges on local water bodies, pollutants of concern and their sources, and the steps that can be taken to reduce pollutants in storm water runoff and non-storm water discharges. The Town's program will make special note of the discharge of pathogen and nitrogen to the local impaired waters listed in Appendix 2 of the General Permit.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town has chosen to evaluate the number of direct mailings related to storm water pollution prevention as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Education and Outreach program requirements. There were over 6,500 pieces of storm water pollution prevention mailings in this reporting cycle. The Town also conducted over 35 public programs/events focusing on storm water, green homes, recycling, sustainability and reusable bags.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town plans to continue evaluating the number of direct mailings related to storm water pollution prevention as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Education and Outreach program requirements in the next reporting cycle. The Town will continue to conduct public outreach, programs, meetings and events related to storm water/pollution prevention periodically throughout the next reporting period.

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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This report is being submitted for the reporting period ending March 9,

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Name of MS4/Coalition	Town of Southampton
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Please provide specific address(es) where notices can be accessed - not home page.

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This report is being submitted for the reporting period ending March 9,

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Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

- Annual Report ● SWMP Plan ● Comments

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- ☐ Annual Report ☐ SWMP Plan ☐ Comments

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- ☐ Annual Report ☐ SWMP Plan ☐ Comments

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- ☒ Annual Report ☐ SWMP Plan ☐ Comments

		Annual Report		SWMP Plan		Comment	

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Please provide specific address of page where report can be accessed - not home page.

- Comments

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Southampton

SPDES ID

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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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4.b. For how many days was/will this report be posted?

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☐ No

If No, is one planned for each?

☐ Yes ☐ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

DRAFT**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9,**

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Southampton

SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town's Public Involvement and Participation program will incorporate stewardship activities that help to reduce pollutants of concern (i.e., pathogens and nitrogen to the local impaired waters listed in Appendix 2 of the General Permit) and encourage the general public, residents and business to become involved in storm water management and environmental stewardship events.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town has chosen to evaluate the number of cleanup events as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Involvement and Participation program requirements. There were eight cleanup events in this reporting cycle, including the Great East End Clean Up event. In 2012, the event had over 900 participants and collected 42 tons of garbage, 1.6 tons of metal and 65 miscellaneous items from public properties throughout the Town.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town plans to continue evaluating the number of cleanup events held within the Town as an indicator for measuring the overall effectiveness of the Town's compliance with the Public Involvement and Participation program requirements in the next reporting cycle. The Town plans to promote and encourage participation in the Great East End Cleanup and/or any other planned cleanup events in the next reporting cycle.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Southampton

SPDES ID

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Minimum Control Measure 3. Illicit Discharge Detection and Elimination

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped:

		1	5	7	#
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1	0	0	%
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2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 1

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ☐ Auto Recyclers
- ☐ Building Maintenance
- ☐ Churches
- ☐ Commercial Carwashes
- ☐ Commercial Laundry/Dry Cleaners
- ☐ Construction Vehicle Washouts
- ☐ Cross-Connections
- ☐ Distribution Centers
- ☐ Food Processing Facilities
- ☐ Garbage Truck Washouts
- ☐ Hospitals
- ☐ Improper RV Waste Disposal
- ☐ Industrial Process Water
- ☐ Other:
- ☐ Landscaping (Irrigation)
- ☐ Marinas
- ☐ Metal Plateing Operations
- ☐ Outdoor Fluid Storage
- ☐ Parking Lot Maintenance
- ☐ Printing
- ☐ Residential Carwashing
- ☐ Restaurants
- ☐ Schools and Universities
- ☐ Septic Maintenance
- ☐ Swimming Pools
- ☐ Vehicle Fueling
- ☐ Vehicle Maint./Repair Shops
- ☒ None

○ Other:

☐ None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Town of Southampton
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SPDES ID

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3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☒ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		2
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5. How many illicit discharges have been confirmed during this reporting period?

		1
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? [] []

		1
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7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

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8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

Please provide specific address of page where map(s) can be accessed - not home page.

URL

s t o r m w a t e r . s o u t h a m p t o n t o w n n y . g o v

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This report is being submitted for the reporting period ending March 9,

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Name of MS4/Coalition	Town of Southampton
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Please provide specific address of page where map(s) can be accessed - not home page

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- 11. What percent of staff in relevant positions and departments has received IDDE training?**

1	0	0	%
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Southampton

SPDES ID

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12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.

The Town Illicit Discharge Detection and Elimination program will focus on identifying, locating, eliminating, reducing and preventing illicit discharges to the maximum extent practicable, including the discharge of pathogens and nitrogen to the local impaired waters listed in Appendix 2 of the General Permit.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town has chosen to evaluate the number of illicit discharges confirmed as an indicator for measuring the overall effectiveness of the Town's compliance with the Illicit Discharge Detection and Elimination program requirements. There were two illicit discharges detected in this reporting period. Both were investigated and one was confirmed to be an illicit discharge and was eliminated.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to follow the procedures for Illicit Discharge Detection and Elimination described in the Town's Written Procedures for MCM3: IDDE and the CWP/USEPA Illicit Discharge Detection and Elimination: A Guidance Manual for Program Development and Technical Assessment. Illicit discharges will be investigated and eliminated according to the authority provided by the Town illicit discharges local law on a case-by-case basis.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Southampton

SPDES ID

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Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

	1	7
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

		0
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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

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6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority

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MS4 Annual Report Form

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Name of MS4/Coalition

Town of Southampton

SPDES ID

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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

	1	6
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	1	6
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3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
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 %

4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
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 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

This report is being submitted for the reporting period ending March 9,

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Submit additional pages as needed.

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MS4 Annual Report Form

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Name of MS4/Coalition

Town of Southampton

SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town Construction Site Storm Water Runoff Control program will provide equivalent protection to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity. This includes reviewing SWPPPs submitted to the Town for projects disturbing an acre or greater of land. The review process will take note of any potential discharges of pathogens and nitrogen to the local impaired waters listed in Appendix 2 of the General Permit.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town has chosen to evaluate the number of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the Town's compliance with the Construction Site Storm Water Runoff Control program requirements. The Town reviewed all 17 SWPPPs submitted to the Town in this reporting period.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town plans to continue evaluating the number of SWPPPs reviewed as an indicator for measuring the overall effectiveness of the Town's compliance with the Construction Site Storm Water Runoff Control program requirements. The Town will review SWPPPs for private projects as they are submitted to the Town for comment and approval.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

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SPDES ID

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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained									
● Alternative Practices	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
		0										
● Filter Systems	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
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● Infiltration Basins	<table><tr><td>1</td><td>1</td><td>1</td></tr></table>	1	1	1	<table><tr><td></td><td></td><td>5</td></tr></table>			5	<table><tr><td></td><td></td><td>5</td></tr></table>			5
1	1	1										
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● Open Channels	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td>1</td></tr></table>			1	<table><tr><td></td><td></td><td>0</td></tr></table>			0
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● Ponds	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
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● Wetlands	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
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● Other	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
		0										

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?

☐ Yes ☒ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☒ Building Codes ☒ Municipal Comprehensive Plans
☒ Overlay Districts ☒ Open Space Preservation Program
☒ Zoning ☐ Local Law or Ordinance
☐ None ☒ Land Use Regulation/Zoning
☒ Watershed Plans ☒ Other Comprehensive Plan

☒ Other:

A	g	r	i	c	u	l	t	u	r	a	l		P	r	e	s	e	r	v	a	t	i	o	n		P	r	o	g
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Southampton

SPDES ID

N	Y	R	2	0	A	4	5	4
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

1	0	0
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 %

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MS4 Annual Report Form

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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.

The Town Post-Construction Storm Water Management program will address storm water runoff from regulated (i.e., proposed land disturbances of an acre or greater) new development and redevelopment projects to the Town's municipal separate storm sewer system.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town has chosen to evaluate the number of post-construction storm water management practices inventoried as an indicator for measuring the overall effectiveness of the Town's compliance with the Post-Construction Storm Water Management program requirements. The Town has ___ post-construction storm water management practices inventoried. The Town adds BMPs to the inventory as necessary.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town plans to continue evaluating the number of post-construction storm water management practices inventoried as an indicator for measuring the overall effectiveness of the Town's compliance with the Post-Construction Storm Water Management program requirements in the next reporting period. The Town will add BMPs to the inventory as necessary in the next reporting cycle.

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N	Y	R	2	0	A	4	5	4
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment</u>	
			<u>Operation/Activity/Facility performed within the past 3 years?</u>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No

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N	Y	R	2	0	A	4	5	4
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2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

			2	2
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		8	6	2
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		2	5	6
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				6
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

	1	0	2	0
--	---	---	---	---
- Pesticide/Herbicide Applied # Acres

			0	.	0
--	--	--	---	---	---

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

			1	2
--	--	--	---	---

4. What was the date of the last training?

0	4	/	1	4	/	2	0	1	3
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	3	5
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0	%
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MS4 Annual Report Form

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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town Pollution Prevention and Good Housekeeping for Municipal Operations program will address operations that collect, store or release sediments, wastes or other potential pollutants with special consideration for discharges of pathogens and nitrogen to the local impaired waters listed in Appendix 2 of the General Permit.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town has chosen to evaluate the number of miles of streets swept as an indicator for measuring the overall effectiveness of the Town's compliance with the Pollution Prevention and Good Housekeeping for Municipal Operations program requirements. The Town swept all streets twice in this reporting period.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town plans to continue the ongoing street sweeping schedule during the next reporting cycle. The Town will continue to follow the BMPs outlined in the NYSDEC Municipal Pollution Prevention and Good Housekeeping Assistance Document as necessary.

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Additional Watershed Improvement Strategy Best Management Practices

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oswawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? ☒ Yes ☐ No ☐ N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? ☐ Yes ☒ No ☐ N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

	9	0
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 %

Estimate what percentage was mapped in this reporting period.

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 %

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MS4 Annual Report Form

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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ☒ Yes ☐ No ☐ N/A
4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

		0
--	--	---

 %
5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☐ Yes ☐ No ☒ N/A
6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☐ Yes ☐ No ☒ N/A
- 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☒ Yes ☐ No ☐ N/A
- 7b. How many projects have been sited in this reporting period?

		3
--	--	---
- 7c. What percent of the projects included in 7b have been completed in this reporting period?

		0
--	--	---

 %
- 7d. What percent of projects planned in previous years have been completed?

		0
--	--	---

 %
- ☐ No Projects Planned
- 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ☒ Yes ☐ No ☐ N/A
- 8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? ☐ Yes ☐ No ☒ N/A

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MS4 Annual Report Form

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9. Has your MS4/Coalition developed and implemented a program of native planting?

☒ Yes ☐ No ☐ N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?

☒ Yes ☐ No ☐ N/A

11. Does your MS4/Coalition have a pet waste bag program?

☒ Yes ☐ No ☐ N/A

12. Does your MS4/Coalition have a program to manage goose populations?

☐ Yes ☒ No ☐ N/A